

Patient information from the BMJ Group

Conjunctivitis

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Conjunctivitis

If your eyes look red and feel gritty, you may have conjunctivitis. Conjunctivitis is an infection that affects your eyes. It usually clears up on its own after a few days, but it's a good idea to see a doctor or pharmacist, because occasionally it can be a sign of a more serious problem.

We've brought together the best research about conjunctivitis that's caused by germs called bacteria, and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is conjunctivitis?

Conjunctivitis is an infection of your conjunctiva. Your conjunctiva is the thin lining that covers the inside of your eyelids and the whites of your eyes.



If you have conjunctivitis caused by bacteria, you'll wake up with yellow pus in your eyes.

If germs called **bacteria** infect your conjunctiva, it can become **inflamed**. This is called **bacterial conjunctivitis**. Your eyes look red and feel irritated, uncomfortable, and watery. You can also get thick pus coming from your eyes. ^[1] ^[2]

Lots of things, including dust, sand, and pollen, can irritate your eyes and make them inflamed. **Viruses** and **allergies** can also cause conjunctivitis. ^[1] ^[3]

If you have conjunctivitis caused by bacteria, you'll wake up with crusty eyelids. ^[2] ^[4] This is caused by pus coming from your eyes while you sleep. It's usually worse than the 'sleep' you normally have in your eyes when you wake up.

Conjunctivitis caused by viruses or bacteria can easily spread from person to person. You can help prevent this by:

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- Washing your hands often
- Trying not to touch your eyes.

Conjunctivitis is very common among school children. Viruses and bacteria can spread from child to child when they play.^[1] Children are also much more likely to get conjunctivitis if they already have an [ear infection](#). The germs that cause ear infections and [sinusitis](#) can also cause conjunctivitis.

In about 65 in 100 people, conjunctivitis clears up on its own after a few days.^[5] But conjunctivitis can occasionally be a sign of more serious eye problems, such as [glaucoma](#), or an infection in your eyelid (a stye). And the infection that causes the conjunctivitis can sometimes get worse and spread if it isn't treated.^[1]

Your doctor probably won't do tests to find out if your conjunctivitis is caused by bacteria. This is because the conjunctivitis usually clears up before the test results come back. Some doctors treat all people with conjunctivitis with [antibiotic](#) eye drops or ointment. Other doctors only treat conjunctivitis with antibiotics if they think it's been caused by bacteria.^[2]

What are the symptoms of conjunctivitis?

Bacterial conjunctivitis usually affects only one eye. Conjunctivitis caused by a virus often affects both eyes, but will start in one eye.

If you have conjunctivitis, your eyes may:^[6]

- Water
- Look red
- Feel gritty or irritated
- Feel as if they are burning or stinging
- Feel sore.

If your eyes itch, or you have more than one attack of conjunctivitis in a short space of time, these are signs that your symptoms aren't because of an infection with germs called [bacteria](#). You could have an [allergy](#) or an infection with a [virus](#). If you get conjunctivitis every year at the same time, it's probably caused by an allergy.

If you also have white or yellow pus coming from your eyes that causes crusts on your eyelids while you sleep, you probably have a bacterial infection.^{[7] [8] [9]}

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Some of the symptoms of bacterial conjunctivitis can be similar to the symptoms of more serious eye problems. You should see a doctor straight away if: ^[6]

- You have pain inside your eye
- There is any sudden change in your vision
- Light makes your eyes hurt.

If you wear contact lenses and you get the symptoms of conjunctivitis: ^[6]

- Stop wearing your contact lenses
- See your doctor.

Conjunctivitis needs to be treated quickly if you wear contact lenses. This is because it can cause a more serious eye infection called keratitis. If you wear contact lenses, it's important to look after them and clean them properly. This reduces your chances of getting an infection.

If you get conjunctivitis and you wear disposable contact lenses, you should throw away the set of lenses and the lens case you were using. If you keep them you might get the same infection again. If you wear permanent lenses, ask your optician about what to do with them.

You should see a doctor straight away if your baby has the symptoms of conjunctivitis. This is because some bacteria that cause conjunctivitis can cause other serious infections in babies.

How common is conjunctivitis?

It's hard to say how many people get conjunctivitis. There hasn't been much research.

Doctors think that it's very common because it's one of the main reasons why people go to see their doctor about their eyes. ^[10] Between 1 in 100 and 2 in 100 people who go to see a doctor have conjunctivitis. ^[11]

About half of all cases of conjunctivitis are caused by an infection with germs called bacteria. ^[12]

What treatments work for conjunctivitis?

Conjunctivitis often clears up on its own. But if you have conjunctivitis that's caused by germs called bacteria, ointments or drops that contain antibiotics can help get rid of it more quickly.

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In this section we've only looked at treatments for conjunctivitis caused by bacteria. If you have conjunctivitis caused by an **allergy**, your doctor may recommend medicines called antihistamines. These medicines are also occasionally used to treat conjunctivitis that's caused by a **virus**. You might also use decongestant or corticosteroid eye drops for an allergy.^[9] We haven't looked at these treatments in detail here.

We've looked at the research on bacterial conjunctivitis, to see which treatments work.

Treatment Group 1

Treatments for conjunctivitis

Treatments that are likely to work

- [Antibiotic eye drops and ointments](#)

What will happen to me?

Conjunctivitis usually clears up within a few days.

Between 6 in 10 and 7 in 10 people who have conjunctivitis recover completely in two to five days without needing any treatment.^[13] It's rare for conjunctivitis to cause serious problems.^[14]

Babies should be treated very quickly with **antibiotics** if they have conjunctivitis. This is because it can lead to more serious infections in babies.

In adults, conjunctivitis occasionally causes keratitis. This is an infection in the front of the eye. People who wear contact lenses are more likely to get keratitis. If you have conjunctivitis and you wear contact lenses, you should see your doctor as soon as you can.

If you have conjunctivitis, there are things you can do to help with your symptoms and stop other people catching the infection.^[15] ^[9]

- Hold a clean cloth soaked in warm water to your eyes (keep them closed). Don't let anyone else use this cloth.
- Wash your hands often.
- Don't share towels or pillows.

If you think you have conjunctivitis because of an **allergy**, try to find out what causes the allergy, so you can try to stay away from it.

Treatments:

Antibiotic eye drops and ointments

In this section

Antibiotics are drugs that attack **bacteria**. If you have conjunctivitis, you put antibiotics into your eyes as drops or an ointment. Antibiotics can make your conjunctivitis clear up more quickly.

But the infection will probably go away on its own after a few days without any treatment. It might be worth waiting a few days to see if your symptoms start to clear up. If they don't, or they get worse, then you may need antibiotics.

Antibiotics used for conjunctivitis (and their brand names) include:

- chloramphenicol (this comes as eye drops and ointment)
- fusidic acid (Fucithalamic eye drops)
- moxifloxacin (Moxivig eye drops).

You can buy chloramphenicol eye drops and ointment from a pharmacy but you need a prescription for fusidic acid and moxifloxacin. Chloramphenicol eye drops can be used for adults and for children aged 2 and over.

If you use eye drops:

- Wash your hands first. Be careful not to touch the tube/bottle tip or let it touch your eye
- You need to gently pull down your lower eyelid to catch the drops
- Usually all you need is one drop
- Keep your eye closed for one or two minutes afterwards
- Check with your doctor or pharmacist about how often you should use your eye drops
- Continue your treatment for two days after your conjunctivitis has gone, or for as long as your doctor recommends
- If you have trouble putting in eye drops, you can get a dispenser to help.

If you use an ointment:

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- Put it in your eyes the same way as eye drops. It will melt quickly, and if you blink it helps to spread it
- Put it in either at night (and use eye drops during the day) or three to four times each day^[16]
- Ointment may blur your vision for around 20 minutes, but it can be easier to use than drops, especially for children.

If you wear contact lenses:

- Ask your pharmacist or doctor about which treatment to use
- Ask whether you need to leave your lenses out during treatment
- Avoid ointments
- Check whether your drops can be used with soft (hydrogel) contact lenses.^[17] Some can't
- If you wear disposable contact lenses, you should throw away the set of lenses and the lens case you were using. If you keep them you might get the same infection again
- If you wear permanent lenses, ask your optician about what to do with them.

If your doctor thinks your conjunctivitis is caused by an infection with bacteria, antibiotics can help clear it up. One summary of the evidence (a [systematic review](#)) showed that you are more likely to be cured after 10 days if you use eye drops or ointment than if you don't.^[18] Another systematic review found that more people who used moxifloxacin were cured than people who used a dummy treatment (a [placebo](#)).^[19]

One study looked at people who definitely had bacterial conjunctivitis.^[20] Some of the people used antibiotics and others used a placebo. The study found that after a week:

- More than 9 in 10 people who used antibiotics recovered completely
- Around 6 in 10 people who used the placebo recovered completely.

Lots of other studies have shown that antibiotics work well. The different types of antibiotics seem to work as well as each other.^{[21] [22] [23]}

Antibiotics can cause some side effects, but they aren't usually serious. They can make your eyes sting for a short time.^[16]

Further informations:

Glossary:

bacteria

Bacteria are tiny organisms. There are lots of different types. Some are harmful and can cause disease. But some bacteria live in your body without causing any harm.

inflammation

Inflammation is when your skin or some other part of your body becomes red, swollen, hot, and sore. Inflammation happens because your body is trying to protect you from germs, from something that's in your body and could harm you (like a splinter) or from things that cause allergies (these things are called allergens). Inflammation is one of the ways in which your body heals an infection or an injury.

viruses

Viruses are microbes (tiny organisms) that need the cells of humans or other animals to exist. They use the machinery of cells to reproduce. Then they spread to other cells in the body.

allergy

If you have an allergy to something (such as pollen or a medicine), your body always overreacts to it. The reaction happens because your immune system (your body's system for fighting infection) is too sensitive to it.

glaucoma

Glaucoma is a condition that affects the eyes. If you have glaucoma, your vision slowly gets worse. It happens when certain nerves in your head get damaged. These nerves carry images of what you see to your brain. Glaucoma is often caused by high pressure inside your eye.

antibiotics

These medicines are used to help your immune system fight infection. There are a number of different types of antibiotics that work in different ways to get rid of bacteria, parasites, and other infectious agents. Antibiotics do not work against viruses.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

Sources for the information on this leaflet:

1. Morrow GL, Abbott RL. Conjunctivitis. *American Family Physician*. 1998; 57: 735-746.
2. Rietveld RP, ter Riet G, Bindels PJ, et al. Predicting bacterial cause in infectious conjunctivitis: cohort study on informativeness of combinations of signs and symptoms. *BMJ*. 2004; 329: 206-210.
3. U.S. National Library of Medicine. Medline Plus: allergic conjunctivitis. February 2014. Available at <http://www.nlm.nih.gov/medlineplus/ency/article/001031.htm> (accessed on 26 February 2014).
4. Friedlaender MH. A review of the causes and treatment of bacterial and allergic conjunctivitis. *Clinical Therapeutics*. 1995; 17: 800-810.
5. Sheikh A, Hurwitz B. Topical antibiotics for acute bacterial conjunctivitis: Cochrane systematic review and meta-analysis update. *British Journal of General Practice*. 2005; 55: 962-964.
6. Morrow GL, Abbott RL. Conjunctivitis. *American Family Physician*. 1998; 57: 735-746.

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7. Rietveld RP, ter Riet G, Bindels PJ, et al. Predicting bacterial cause in infectious conjunctivitis: cohort study on informativeness of combinations of signs and symptoms. *BMJ*. 2004; 329: 206-210.
8. Friedlaender MH. A review of the causes and treatment of bacterial and allergic conjunctivitis. *Clinical Therapeutics*. 1995; 17: 800-810.
9. American Academy of Ophthalmology. Preferred practice pattern: conjunctivitis. October 2013. Available at <http://one.aao.org/preferred-practice-pattern/conjunctivitis-ppp--2013> (accessed on 26 February 2014).
10. Sheikh A, Hurwitz B. Antibiotics versus placebo for acute bacterial conjunctivitis (Cochrane review). In: *The Cochrane Library*. Wiley, Chichester, UK.
11. Everitta H, Little P. How do GPs diagnose and manage acute infective conjunctivitis? *Family Practice*. 2002; 19: 658-660.
12. Rietveld RP, ter Riet G, Bindels PJ, et al. Predicting bacterial cause in infectious conjunctivitis: cohort study on informativeness of combinations of signs and symptoms. *BMJ*. 2004; 329: 206-210.
13. Sheikh A, Hurwitz B. Topical antibiotics for acute bacterial conjunctivitis: Cochrane systematic review and meta-analysis update. *British Journal of General Practice*. 2005; 55: 962-964.
14. Everitta H, Little P. How do GPs diagnose and manage acute infective conjunctivitis? *Family Practice*. 2002; 19: 658-660.
15. Morrow GL, Abbott RL. Conjunctivitis. *American Family Physician*. 1998; 57: 735-746.
16. British National Formulary. Anti-infective eye preparations. Section 11.3. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 26 February 2014).
17. British National Formulary. Contact lenses. Section 11.9. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at <http://bnf.org> (accessed on 26 February 2014).
18. Sheikh A, Hurwitz B, van Schayck CP, et al. Antibiotics versus placebo for acute bacterial conjunctivitis (Cochrane review). In: *The Cochrane Library*. Wiley, Chichester, UK.
19. Kodjikian L, Lafuma A, Khoshnood B, et al. Efficacy of moxifloxacin in treating bacterial conjunctivitis: a meta-analysis. *Journal Francais D'Ophthalmologie*. 2010; 33: 227-233 [in French].
20. Gross RD, Lichtenstein SJ, Schlech BA. Early clinical and microbiological responses in the treatment of bacterial conjunctivitis with moxifloxacin ophthalmic solution 0.5% (vigamox) using BID dosing. *Today's Therapeutic Trends*. 2003; 21: 227-237.
21. Epling J. Bacterial conjunctivitis. February 2012. *Clinical Evidence*. (Based on July 2011 search.) Available at <http://clinicalevidence.bmj.com/ceweb/conditions/eyd/0704/0704.jsp> (accessed on 26 February 2014).
22. Azari AA, Barney NP. Conjunctivitis: a systematic review of diagnosis and treatment. *JAMA*. 2013; 310: 1721-1729.
23. Williams L, Malhotra Y, Murante B, et al. A single-blinded randomized clinical trial comparing polymyxin B-trimethoprim and moxifloxacin for treatment of acute conjunctivitis in children. *The Journal of Pediatrics*. 2013; 162: 857-861.

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